



Virginia Small Business Financing Authority Child Care Financing Program

APPLICANT'S INFORMATION

Name: _____ Tax ID #: _____

Address: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Contact: _____

County (if applicable): _____ E-mail: _____

Proposed Address of Business (if different from above) _____

Legal Type: C-Corp ☐ S-Corp ☐ LLC ☐ Partnership ☐ Proprietorship ☐ Individual ☐

Date of Organization: ____/____/____ SIC or NAIC: _____

Description of Business: _____

Type of Project: Expansion ☐ New Business ☐ Transfer of Ownership ☐ Other ☐

Amount of Request: _____

Purpose: _____

Collateral: _____

Guarantors: _____

Child care spaces created as a result of this financing

Year 1

Year 2

Jobs to be Created as a result of this financing

Year 1

Year 2

Average hourly wage rate per FTE \$ _____

Schedule of Applicant's debts, leases, notes and mortgages (attach additional sheet if necessary).								
Creditor	Original Loan Amount	Loan Balance	Date of Loan	Maturity Date	M-Monthly Q-Quarterly A-Annual	Payment Amount	Current? Yes/No	Collateral

List all owners, officers, directors and general partners of applicant and stockholders or limited partners owning 20% or more of applicant business. Also include persons or corporations that will guarantee loan (attach additional sheet if necessary).

Name	Address	Office Held	% of ownership

If the answer to any of the following questions is “yes”, please furnish details on an attached sheet.

1. Have any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant ever been charged with, or convicted of, any criminal offense, other than minor motor vehicle violations? Yes ☐ No ☐
2. Has the applicant or management of the applicant been informed of any current or on-going investigation of the applicant with respect to possible violations of state or federal securities laws? Yes ☐ No ☐
3. Has the applicant or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant been in receivership or adjudicated as bankrupt? Yes ☐ No ☐
4. Is the applicant or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant involved in any pending lawsuits? Yes ☐ No ☐
5. Does the applicant or any guarantors owe past due federal, state or local taxes of any nature? Yes ☐ No ☐

The undersigned hereby certifies that all information contained above and all information contained in attachments which make up this loan application are true to her/his best knowledge and belief, and are submitted for the purpose of obtaining financial assistance from the Virginia Small Business Financing Authority.

Name of Company: _____

By: _____ **Title** _____ **Date** _____

Child Care Financing Program Applicants
Attach the following to complete your application package:

Financial Statements: Three years tax returns and historical income statements and balance sheets (if an existing business), including parents, affiliates and subsidiaries, current (within 90 days) financial statements of applicant business, proforma balance sheet (at startup), and 2 years of projected income, balance sheet and cash flow statements supported by a list of assumptions (monthly year one, quarterly year 2)

For Start-ups: A business plan to include a discussion of the company, the history and ownership, management, subsidiaries, affiliates, or parents, primary customers and suppliers, their payment terms, future plans, outlook for the industry, proposed use of funds, community benefits, type and number of jobs. Cost estimates and forecasts of contingency funds to cover cash flow deficits, cost increases or project changes.

Guarantors: Personal financial statements (not more than 90 days old) and tax returns on all guarantors.

Copy of Current State License – A start-up center must include a copy of the application for the state license submitted to Department of Social Services for consideration. Religious-exempt centers must provide documentation that they are in compliance with all “religious-exempt” regulations.

Statement of licensed capacity – to include current enrollment and breakdown of enrollment and fees by age group.

Child Care Regulatory Status – see form attached.

Statement of Good Standing – applicant to submit statement that they are in good standing from the Division of Licensing Programs of the Department of Social Services.

Articles of Incorporation, Partnership Agreement, Corporate Resolution, or Authority to Transact Business documenting authorization to borrow in the name of the applicant.

Application Fee – Check or money order made payable to VSBFA in the amount of \$100.00

The information requested below is voluntary and for statistical purposes only. It will not affect the credit decision of the VSBFA.

Gender:

- ☐ Male
☐ Female
☐ Male and Female

Race:

- ☐ Asian
☐ Black
☐ Hawaiian or Pacific Islander
☐ Native American
☐ White

Hispanic:

- ☐ Yes

Virginia Small Business Financing Authority
707 East Main Street, Suite 300
Richmond, VA 23219
Phone: 1-866-248-8814
Fax: (804) 225-3384

Mailing Address:
P.O. Box 446
Richmond, VA 23218-0446

CHILD CARE REGULATORY STATUS

- 1) Date your child care facility was

Licensed: _____

Certified: _____

Registered: _____

Approved: _____

- 2) Person who monitors your child care facility:

Individual's Name: _____

Organization Name: _____

Address: _____

Phone #: _____

- 3) Has your facility ever been investigated for a child care complaint?

Yes _____

No _____

- 4) If answer to #3 above is yes, please select the category of the complaint:

____ Administration:

____ Staff Qualifications and Training/Personnel

____ Physical Plant/Physical Environment and Equipment

____ Physical Health

____ Staffing and supervision

____ Programs

____ Care of Children

____ Record Keeping Responsibility

____ Special Care Provisions and Emergencies

____ Special Services

- 5) If answer to #3 above is yes, please provide:

Date of complaint(s): _____

Copy(s) of the finding/disposition of the complaint(s).

- 6) Is your facility on "enforcement watch" or pending closure?

Yes _____

No _____

- 7) Please attach a copy of your current license or certificate to provide child care.



VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

PERSONAL FINANCIAL STATEMENT

DATE: _____

PERSONAL INFORMATION							
APPLICANT				CO-APPLICANT			
Home Address (City, State, Zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other			Mo. Payment	Home Address (City, State, Zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other			Mo. Pmt.
Home Phone	Date of Birth	Business Phone		Home Phone	Date of Birth	Business Phone	
Social Security #	Employer/Business			Social Security #	Employer/Business		
Title/Position		# of Years		Title/Position		# of Years	
Name/Address of nearest relative not living with you		Phone Number		Name/Address of nearest relative not living with you		Phone Number	

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash on Hand and in Banks	\$	Accounts Payable (including credit cards)	\$
Stocks and Bonds (Complete Schedule B)		Notes to Banks and Others (Complete Schedule A)	
Owned Business (Complete Schedule E)		Mortgages on Real Estate (Complete Schedule C)	
Accounts and Loans Receivable		Loans Against Life Insurance (Complete Schedule D)	
Real Estate (Residential and Investment) (Complete Schedule C)		Accrued Taxes Payable	
Cash Value of Life Insurance (Complete Schedule D)		Other Liabilities (Itemize)	
Retirement Accounts (Complete Schedule F)			
Personal Property (including automobiles)		TOTAL LIABILITIES	
Other Assets (Itemize)		NET WORTH (Total Assets-Total Liab.)	
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

Source of Income	Amount (\$)	Contingent Liabilities	Amount (\$)
Salary (Applicant)		As Endorser or Co-Maker (Applicant)	
Salary (Co-Applicant)		As Endorser or Co-Maker (Co-Applicant)	
Net Investment Income		Legal Claims and Judgments	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Describe Below)*		Other Special Debt	

Description of Other Income listed above.

* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have it count toward total income.

Schedule A. Notes Payable to Banks and Others					
Name and Address of Noteholders	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Schedule B. Stocks and Bonds						
<i># of Shares</i>	<i>Owner</i>	<i>Name of Securities</i>	<i>Cost</i>	<i>Market Value</i>	<i>Total Value</i>	<i>Encumbered</i>

Schedule C. Personal Residence and Real Estate Investments, Mortgage Debt										
Personal Residence Property Address	Legal Owner	Purchase Year Price		Market Value	Present Balance	Int. Rate	Maturity Date	Monthly Payment		Lender
Investment Property Address	Legal Owner	Purchase Year	Price	Market Value	Present Balance	Int. Rate	Maturity Date	Mo. Pmt.	Mo. Income	Lender

Schedule D. Life Insurance						
<i>Insurance Company</i>	<i>Face Amount</i>	<i>Policy Type</i>	<i>Beneficiary</i>	<i>Cash Surrender</i>	<i>Amount Borrowed</i>	<i>Owner of Policy</i>

Schedule E. Ownership in Other Business Interests					
<i>Type of Investment</i>	<i>Cost</i>	<i>Percent Owned</i>	<i>Property Description (if applicable)</i>	<i>Current Market Value</i>	<i>Partnership Debt</i>
Business/Professional (indicate name):					
Investments (including Tax Shelters):					

Schedule F. Retirement Accounts					
<i>Owner</i>	<i>Type (401k, IRA, etc.)</i>	<i>Custodian</i>	<i>Value</i>	<i>Encumbered?</i>	<i>Investment Type</i>

I authorize VSBFA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained herein are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a loan or guarantying a loan. I understand false statements may result in forfeiture of benefits and possible prosecution.	
Applicant Signature:	Date:
Co-Applicant Signature:	Date: